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	HAL046019	A. BUILDING: **01** B. WING _____	**09/13/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINEWOOD MANOR	**240 SOUTH EARLEY STATION ROAD AHOSKIE, NC 27910**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of a Construction Survey by Ed Miller on September 13, 2016. Records indicates this facility was first licensed or submitted on 10/01/1969 as a HA. The facility is currently licensed for 92 Beds with a 20 Bed special care unit . Therefore the facility was surveyed for conformance with the applicable portions of the 2005 Rules for Licensing of Adult Care Homes of Seven or More Beds and the 1971 Minimum Standards and Regulations for Homes for the Aged in effect at time of initial licensure. The "C" Wing, built in 1983, must meet the 1977 and the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code(s), section 409.1, Institutional Occupancy. Deficiencies were cited during the Survey and further action is required.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm",	C 101		

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C 101	Continued From page 1 copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to meet NC State Building Code at the time of initial Licensing for corridor doors that are not 1 ¾ inches thick and solid core construction or equivalent. This could affect all residents, staff and visitors if smoke/fire is not contained in Room of origin. Findings on September 13, 2016: a. A Hall Hopper Room - the corridor door was 1 3/4 inches thick and of hollow construction. 2. Based on observation and interview with Staff, the facility failed to meet the Code requirements in effect at the time of construction by not having all of the required components or procedures to properly operated doors equipped with Special Locking Arrangements. This could affect all occupants who would need to evacuate through the door(s). Findings on June 16, 2016: a. SCU - the special locking system does not have a wiring diagram and a system components location map posted at the fire alarm panel. b. SCU Courtyard - the exit gate's emergency release switch had a locked cover over it and staff responsible for evacuation did not have their keys on themselves. c. SCU Courtyard - the exit gate could only open about 20 degrees of the full 90 degrees required.	C 101		
C 133	Bathrooms-Hand Grips SECTION .0300 - PHYSICAL PLANT	C 133		

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C 133	Continued From page 2 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents; This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide commodes, tubs and showers accessible to residents with hand grips. This deficiency affects all residents who use theses fixtures by not providing increased safety, controlled against instability/balance, and maneuverability at the fixtures. Findings on September 13, 2016: a. C Hall Group Bathroom - the commode had a loose hand grip (grab bar).	C 133		
C 148	Corridors-Handrails SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of corridors at 36 inches above the floor and be capable of supporting a 250 pound concentrated load; This Rule is not met as evidenced by: 1. Based on observation, the building was not providing handrails in the corridor that could support 250 pounds. This deficiency affects residents, staff and visitors who use unstable handrails by not providing increase safety, stability/balance, and maneuverability provide by these devices.	C 148		

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C 148	Continued From page 3 Findings on September 13, 2016: a. A Hall Corridor across from Bedroom 1 and 2 - the handrail was missing a support bracket. b. A Hall Corridor across from Bedroom 1 and 2 - the handrail had a support bracket attached to the wall by one of three fasteners.	C 148		
C 164	Housekeeping and Furnishings-Clean, Repaired SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to keep plumbing devices in clean and in good repair. Findings on September 13, 2016: a. A Hall Bathroom near Bedroom 19 - the overflow drain's cover with trip lever was missing from the tub. b. A Hall Bathroom near Bedroom 19 - the walls surrounding the tub and the caulked joint between the wall and tub had cracked making it difficult to clean and keep water out of the wall. c. A Hall Bathroom near Bedroom 19 - the grate for the shower's floor drain was not installed and secured over the drain. d. A Hall Bathroom near Bedroom 19 - the shower control handles were missing there escutcheons, allowing water into the wall.	C 164		

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C 164	Continued From page 4 2. Based on Observation, the facility failed to keep walls, ceilings, floors or floor coverings and furniture clean and in good repair. Findings on September 13, 2016: a. A Hall Bathroom near Bedroom 19 - the gypsum ceiling had mold growth. b. A Hall Bathroom near Bedroom 19 - the shower had mold growth and soap scum buildup. c. A Hall Bedroom 17 Bathroom - the floor tiles were stained and dirty. d. A Hall Bedroom 17 Bathroom - the caulk joint in the corner was rough and needs to smoothed-out. e. A Hall Bedroom 17 Bathroom - the wall need painting. f. Entire A Hall - most of the metal doorframes have developed many rust spots and need refinishing. g. A Hall Bedroom 11 - a HVAC supply grille had paint peeling off and the paper facing on the gypsum around the HVAC grille had been pulled off. h. A Hall Bedroom 11 - there were broken floor tiles that were coming up. i. Bathroom near A Hall Hopper Room - the sink was loaded with bed linens. j. Bathroom near A Hall Hopper Room - the ceramic tile floor was missing tiles k. Bathroom near A Hall Hopper Room - the corridor doorframe bases on both sides had rusted away. l. Bathroom near A Hall Hopper Room - the shower had mold growth and soap scum buildup. m. A Hall Corridor near Bedroom 4 - the floor tiles were broken and dirty. n. A Hall Laundry - the HVAC grille was dirty. o. Entire Building - most of the handrails were dirty. p. A Hall Bedroom 1 - the ceiling in the closet had mold growth.	C 164		

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C 164	Continued From page 5 q. Kitchen - the floor behind the equipment legs needs a thorough cleaning. r. Main Dining Area near kitchen - the floor tile were chipping. s. Kitchen - the globe to the exterior door light fixture was missing. t. A Hall Exterior near Bedroom 4 - the gutter has come loose from the fascia board and is not draining properly. 3. Based on Observation, the facility failed to prevent chronic unpleasant odors. This would affect residents, staff and visitors by exposing them to an unpleasant environment. Findings on September 13, 2016: a. A Hall Bedroom 17 Bathroom - this room smelled of urine. b. A Hall Hopper Room - the utility sink's plumbing trap had dried-up, allowing sewer gases to enter the Building.	C 164		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained free of hazards, because general maintenance was not being done or had not been completed. This could affect all residents, staff and visitors if items are broken or partially	C 166		

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C 166	Continued From page 6 removed and left where they could injure all. Findings on September 13, 2016: a. A Hall Bedroom 19 - the corridor door repair left sharp wood edges exposed that could injure residents. b. Entire Building - in the Bedrooms or there adjoining Bathrooms, there were many towel bar mounting bracket or mounting screws left attached to the wall exposing sharp and rough edges, that could inure residents. c. A Hall Bedroom 3 - the floor between the corridor doorframes was ½ inch higher than the surrounding floors, creating a tripping hazard. 2. Based on observation, the Building plumbing equipment was not maintained in a safe manner by not have properly working or installed parts. This could affect all residents, staff and visitors by not protecting them from falls or injury due to broken or missing parts. Findings on September 13, 2016: a. A Hall Bedroom 13 Bathroom - the connection of the commode to the floor was loose. b. A Hall Bedroom 13 Bathroom - the commode seat was loose. c. A Hall Bedroom 10 Bathroom - the sink was coming loose from the wall. d. Bathroom near FACP - the connection of the commode to the floor was loose. e. Bedroom P3 Bathroom - the connection of the commode to the floor was loose. f. Bedroom P3 Bathroom - the commode's tank top was missing. g. C Hall Bedroom 11 Bathroom - the sink was coming loose from the wall. h. C Hall Bedroom 11 Bathroom - the sink was coming loose from the wall. i. C Hall Bathroom - the sink was coming loose from the wall.	C 166		

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C 166	Continued From page 7 j. C Hall Bathroom - the connection of the commode to the floor was loose. 3. Based on Observation, the facility failed to maintain the building in an uncluttered, clean and orderly manner, free of all obstructions and hazards Findings on September 13, 2016: a. A Hall Bedroom 10 - the HVAC grille was falling out of the ceiling. 4. Based on Observation, a hazard was present due to the possibility of the backflow of contaminated water into the domestic water supply. Findings on September 13, 2016: a. C Hall Bathroom - the specialty tub had a sprayer wand with hose long enough to reach into the gray water, but appear not to have vacuum breaker to prevent backsiphonage of gray water back into the potable water plumbing lines.	C 166		
C 175	Bedroom Furnishings-Clean Towel, Towel Bar SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (b) Each bedroom shall have the following furnishings in good repair and clean for each resident: (7) individual clean towel, wash cloth and towel bar in the bedroom or an adjoining bathroom; and (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the facility failed to provide residents areas, with the required individual towels and/or towel bars for each	C 175		

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C 175	Continued From page 8 resident. Findings on September 13, 2016: a. Entire Building - in the Bedrooms or their adjoining Bathrooms, there were insufficient numbers of working individual towel bars for the number of Residents being served.	C 175		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff and visitors by not providing early detection and activating the fire alarm system. Findings on September 13, 2016: a. The fire alarm panel was showing a trouble signal. The trouble code corresponded to the telco problem. A through test was performed and the single was received by the monitoring company. Interview of Administrator reviled that on fire alarm activation a staff member calls 911. 2. Based on observation, the Fire Alarm system was not maintained in a safe and operating condition. This would affect residents, staff and visitors by not providing early detection and	C 189		

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C 189	Continued From page 9 activating the fire alarm system. Findings on September 13, 2016: a. A Hall Dirty Linen Closet in Laundry - the fire alarm system's heat detector was dangling from the ceiling by its power/operational wires. b. C Hall Dirty Linen Closet in Laundry - the fire alarm system's heat detector was dangling from the ceiling by its power/operational wires. 3. Based on observation, the building's emergency equipment was not maintained in a safe and in operating condition. This would affect residents, staff and visitors if they could not promptly find their way to an exit during an emergency. Findings on September 13, 2016: a. A Hall Corridor near Bedroom 5 - one of the headlight supports on the wall-mounted self-contained emergency light unit was broken and could not be aimed to provide illumination of the egress pathway during power outages b. Intersection of A Hall and Main Hall - there was no exit sign at this intersect to direct the occupants from the Main Hall to turn and egress the front or back exits of A Hall. c. Cross-Corridor fire doors near Med Tech Office - when the cross-corridor doors close there is no exit sigh visible on the living room side. d. Lobby outside SCU - the wall-mounted self-contained emergency light did not work on backup power when tested. The replacement emergency light was sitting on a table in the Lobby plugged into an electrical power receptacle not secured or aimed. e. Bathroom near FACP - the light fixture's lens had falling down exposing unsupported wires 4. Based on observations, the Building fire safety was not maintained in a safe and operating condition. This could expose residents, staff and	C 189		

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C 189	Continued From page 10 visitors to fire/smoke if not contained in Room or compartment of origin Findings on September 13, 2016: a. A Hall Bedroom 17 - there was a 4 x 6 inches hole through the fire-resistance-rated ceiling assembly. b. A Hall Bedroom 17 - there was a 2 x 3 inches hole through the fire-resistance-rated ceiling assembly. c. A Hall Main Corridor Housekeeping - the exhaust fan did not cover the hole through the one-hour fire-resistance-rated ceiling assembly. d. Main Corridor Employee Rest Room near A Hall- the exhaust fan did not cover the hole through the one-hour fire-resistance-rated ceiling assembly. e. Kitchen - the escutcheon on the vent pipe for an old sink had drop and did not cover the hole through the one-hour fire-resistance-rated ceiling assembly. f. Administrator Office - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. g. RCC Office - a cable penetration had its firestop sealant pulled out of the fire-resistance-rated ceiling, leaving an unprotected opening. h. RCC Office- the exhaust fan did not cover the hole through the one-hour fire-resistance-rated ceiling assembly. i. SCU Housekeeping - a leak had deteriorated the fire-resistance-rated ceiling assembly, (tape and joint compound coming apart). j. SCU Housekeeping - the exhaust fan did not cover the hole through the one-hour fire-resistance-rated ceiling assembly. k. Bedroom P2 - a leak had deteriorated the fire-resistance-rated ceiling assembly, (tape and joint compound coming apart) and the CMU Firewall.	C 189		

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C 189	Continued From page 11 l. Bedroom P3 - a leak had deteriorated the fire-resistance-rated ceiling assembly, (tape and joint compound coming apart) and the CMU Firewall. m. C Hall Living Room - there was a gap around a cable not firestopped as it penetrates the fire-resistance-rated ceiling assembly. n. C Hall Exterior Mech Room - a leak had deteriorated the fire-resistance-rated ceiling assembly, (tape and joint compound coming apart). o. SCU Exterior Mech Room - a leak had deteriorated the fire-resistance-rated ceiling assembly, (tape and joint compound coming apart) and there were holes/gaps around equipment/objects. p. Kitchen Mech Room - a leak had deteriorated the fire-resistance-rated ceiling assembly, (tape and joint compound coming apart) and there were holes/gaps around equipment/objects. q. A Hall Mech Room - a leak had deteriorated the fire-resistance-rated ceiling assembly, (tape and joint compound coming apart) and there were holes/gaps around equipment/objects. 5. Based on observation, the facility was not maintained in a safe manner by having fire rated doors not close completely in order to contain smoke and fire. This could affect all residents and staff by not containing smoke and fire in the fire compartment of origin. Findings on September 13, 2016: a. Cross-Corridor fire doors near Kitchen - the doors hit each other and did not close completely when the fire alarm system released the doors. b. Cross-Corridor fire doors near Bedroom P1 - the doors hit each other and did not close completely when the fire alarm system released the doors	C 189		

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C 189	Continued From page 12 6. Based on observation, the electrical system was not being maintained safe. Findings on September 13, 2016: a. A Hall Bedroom 11 - two extension cords were plugged together in series supplying power to the television. b. Bathroom near FACP - the light fixture's lens had falling down exposing unsupported wires. c. SCU Manager's Office -there was a power cable running from this room, under the door, powering a device in the corridor. d. SCU Exterior Back Exit - there was a junction box with no cover plate. 7. Based on observation, the Building was not maintained in a safe and operating condition, by failing to ensure that egress from all areas can be done without the use of keys, tools or, special knowledge or effort. This could affect some staff and visitors if someone becomes trapped inside. Findings on September 13, 2016: a. A Hall Bedroom 5 - the corridor door handle was hard to turn requiring special effort to open the door. 8. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin. Findings on September 13, 2016: a. C Hall Bedroom 11 - the corridor door's latch bolt was retracted, not allowing the door to latch. 9. Based on Observation, the Building was not maintained free of hazards, because the portable	C 189		

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C 189	Continued From page 13 medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on September 13, 2016: a. Oxygen Room - nine portable medical oxygen cylinders were stored standing up not secured to the structure. b. Oxygen Room - several portable medical oxygen cylinders were stored standing up in two beverage crates not secured to the structure. c. C Hall Bedroom 11 - several portable medical oxygen cylinders were stored standing up not secured to the structure. 10. Based on observation, the interior doors were not maintained in a safe and operating condition. Findings on September 13, 2016: a. A Hall Bedroom 19 - the corridor door did not latch into its frame when closed. b. A Hall Bedroom 7- the corridor door hits its frame, requiring extra force to close and latch and reopen the door. c. A Hall Bedroom 9 - the corridor door was hard to open, because the face plies hit the doorframe and are being pulled off the door. d. Bedroom P10 - the corridor door hits its frame, requiring extra force to close and latch the door. 11. Based on Observation and interview with Administrator, the Building was not maintained accessible for inspection. This will prevent any deficiency that may be discovered with regular inspections from being corrected. Findings on September 13, 2016: a. Storage Room near Med Room - there was no key onsite to allow access into this area.	C 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	HAL046019	A. BUILDING: **01** B. WING _____	**09/13/2016**

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C 189	Continued From page 14 12. Based on observation, the facility failed to maintain in a properly operating manner the general illumination of the building. Findings on September 13, 2016: a. A Hall Hopper Room - the light in this room did not work.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to prevent the use of portable electric space heater(s) in an Adult Care Home. This could affect residents, staff and visitors if heater was the ignition source of a fire. The danger increases if used by resident or combustible material were near. Findings on September 13, 2016: a. Administrator Office - a prohibited portable space electric heater was found in this room.	C 191		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER	C 199		

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C 199	Continued From page 15 REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation and testing with a thin plastic sheet, the facility failed to maintain the ventilation system in proper working order. This could affect all residents, staff and visitors by preventing the exhausting of odors. Findings on September 13, 2016: a. A Hall Hopper Room - the exhaust ventilation system did not work, allowing a build-up of odors. b. SCU Housekeeping - the exhaust fan's switch could not be located to test the units. c. Beauty Shop - the exhaust ventilation system did not work. d. C Hall Bedroom 15 Bathroom - the exhaust ventilation system did not work, allowing a build-up of odors. e. C Hall Laundry Dirty Linen Closet - the exhaust ventilation system did not work, allowing a build-up of odors. 2. Based on Observation, the facility failed to provide ventilation in areas where odors are generated or required. This could affect all residents, staff and visitors by subjecting them to	C 199		

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C 199	Continued From page 16 odors. Findings on September 13, 2016: a. Bathroom near FACP - there was no exhaust ventilation system in this newly renovated area. b. SCU Laundry - there was no exhaust ventilation system in this area.	C 199		
C 202	Existing Fac. Housing Non-ambs-Hand Bells SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (j) Except where otherwise specified, existing facilities housing persons unable to evacuate without staff assistance shall provide those residents with hand bells or other signaling devices. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the electrically operated call system did not provide the ability to call for assistance when activated. Findings on September 13, 2016: a. A Hall Bedroom 10 - the call system's was activated, initiating the corridor light, but no staff responded.	C 202		